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CONFIRMATION NO. 9421

<b>SERIAL NUMBER</b> 10/501,454	<b>FILING OR 371(c) DATE</b> 07/14/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> 2004-1082A
<b>APPLICANTS</b> Renir Eyjolfsson, Hafnarfjörður, ICELAND;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IS03/00002 01/14/2003 <i>yes, <del>01/14</del> 5/31/07</i>				
<b>** FOREIGN APPLICATIONS *****</b> ICELAND 6233 01/15/2002 <i>yes</i>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>See below</i>		<b>STATE OR COUNTRY</b> ICELAND	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 11
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 000513				
<b>TITLE</b> Formulations of quinapril and related ace nhibitors				
<b>FILING FEE RECEIVED</b> 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	